

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/590598

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/	/			
3		/	/			
4		/	/			
5		/	/			
6		/	/			
7		/	/			
8		/	/			
9		/	/			
10		/	/			
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12	/	/	/			
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14	/	/	/			
15		/	/			
16	/	/	/			
17		/	/			
18		/	/			
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42		/	/			
43		/	/			
44		/	/			
45		/	/			
46		/	/			
47		/	/			
48		/	/			
49		/	/			
50		/	/			
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				/		
52				/		
53				/		
54				/		
55				/		
56				/		
57				/		
58				/		
59				/		
60				/		
61				/		
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87				/		
88				/		
89				/		
90				/		
91				/		
92				/		
93				/		
94				/		
95				/		
96				/		
97				/		
98				/		
99				/		
100				/		
TOTAL IND.		↓	4	↓		↓
TOTAL DEP.		←	32	←		←
TOTAL CLAIMS			36			